



# CITY OF GARDEN GROVE

11222 ACACIA PARKWAY  
 GARDEN GROVE, CA 92840  
 TEL: (714) 741-5312 FAX: (714) 741-5578

## APPLICATION FOR SIGN REVIEW

**PLEASE COMPLETE UPPER PORTION, AND SUBMIT TO THE PLANNING SERVICES DIVISION. ALLOW 3 TO 5 WORK DAYS FOR REVIEW.**

APPLICATION DATE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

PERSON TO CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**SUBMIT COPIES OF THE FOLLOWING WITH THE APPLICATION:**

- PLOT PLAN: Show dimensions, setbacks, existing and proposed sign locations, and existing buildings.
- ELEVATIONS: Three (3) copies showing existing and proposed sign locations, sign dimensions, and tenant frontage.
- DETAILED DRAWINGS: Three (3) scaled drawings showing colors, materials, mounting method, copy and dimensions of proposed sign(s).
- LANDLORD'S APPROVAL: Landlord's written approval is required for all proposed sign(s).
- STRUCTURAL CALCULATIONS: Two (2) sets required for freestanding sign(s) (i.e., monument signs).

**DEPARTMENT USE ONLY**

ZONE: \_\_\_\_\_ PRIMARY SECONDARY SPECIFIC SIGN CRITERIA

Building Frontage \_\_\_\_\_

Lot Frontage \_\_\_\_\_

Allowable Sign Area \_\_\_\_\_

| EXISTING SIGNS       |       | PROPOSED SIGNS     |       | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> DENIED<br>DATE: _____ |
|----------------------|-------|--------------------|-------|---|
| TYPE                 | AREA  | TYPE               | AREA  |   |
| 1. _____             | _____ | 1. _____           | _____ |   |
| 2. _____             | _____ | 2. _____           | _____ |   |
| 3. _____             | _____ | 3. _____           | _____ |   |
| 4. _____             | _____ | 4. _____           | _____ |   |
| TOTAL _____          |       | TOTAL _____        |       |   |
| COMBINED TOTAL _____ |       | REVIEWED BY: _____ |       |   |

Comments, Conditions, Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_